

*****Read Instructions Before Completing Packet*****

It is important that you answer all questions completely and honestly. This is NOT a test, but rather a questionnaire covering the minimum qualifications for the Austin Police Department College Internship Program.

Any false statement or omission of information regarding any subject in this questionnaire may result in the rejection of your application.

- The Internship Packet must be completed by the applicant in black ink.
- Please write clearly. If you need to use extra space to explain a situation, then attach a piece of paper to the back of the application. The explanation must have the question number that it pertains to. You must sign and date at the bottom of each attached page.
- **Complete application in its entirety, applications with unanswered questions will not be accepted.** If you need clarification on any of the questions, feel free to contact the Forensic Science Division Coordinator at (512)974-5118.
- **You must include the following documents with your application:**
 - copy of your driver license
 - copy of your social security card
 - copy of your birth certificate
 - Letter of recommendation from – Major Advising Professor
 - Outline of College or University Internship Program
 - official college transcripts in a sealed envelope
 - Internship Program Agreement signed by both the applicant and the University Professor.
 - Notarized Personal Information Release Form
 - Notarized Condition of Offer Form
- The College Internship Packet may be mailed or returned in person to the APD Forensic Science Division.
- Our offices are located at 812 Springdale Road, Austin, TX 78702. Normal hours of operation are Monday through Friday, 7:00am to 4:00 pm (excluding city holidays). If you are mailing your packet, address it to:

Austin Police Department

ATTN: College Internship Program Coordinator

Forensic Science Division

P.O. Box 689001

Austin, TX 78768-9001



*Austin Police Department
Forensic Science Division
Internship Application*



Applicant: _____
(Last Name) (First Name) (Full Middle Name)

Other Names: _____
(Aliases, Maiden Names, Nicknames, Etc.)

Birth Date: __/__/__ Age: ____ Race: ____ Sex: ____

Social Security #: _____

Driver's License #: _____ DL State: ____

Physical Address: _____

City, State, Zip Code: _____

P.O. Box (if applicable): _____

Home Phone #: (____) _____ Work Phone #: (____) _____

Pager/Cell #: (____) _____ Email Address: _____

In the event of an emergency, the following person should be contacted:

Name: _____

Relationship to Applicant: _____

Address: _____

Telephone Numbers: _____

University or College Attending: _____

Declared Major Field of Study: _____

Current Academic Status: Junior ____ Senior ____ Grad Student ____ GPA ____

Name of College Internship Coordinator: _____

Telephone of Internship Coordinator: _____

Semester in Which Applying for Internship: _____

1) Are you a citizen of the United States of America? (Yes/No) _____

2) Do you have a valid and current driver's license? (Yes/No) _____
What state? _____ Expiration Date? _____

3) Have you ever been arrested either as an adult or juvenile? (Yes/No) _____

***Indicate if arrest was as an Adult or Juvenile and if dismissed, why?
(i.e. probation, deferred adjudication, community service, lack of evidence, etc.)***

<i>Date</i>	<i>Location</i>	<i>Agency</i>	<i>Charge</i>	<i>Disposition</i>	<i>Adult or Juvenile</i>
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1. _____

2. _____

3. _____

4. _____

4) Do you have a conviction for any felony offense? (Yes/No) _____

If yes, explain: _____

5) Are you under indictment for any felony offense? (Yes/No) _____

If yes, explain: _____

6) Are you currently charged with a felony offense? (Yes/No) _____

If yes, explain: _____

7) Do you have a conviction for any misdemeanor offense other than parking/traffic citations?
(Yes/No) _____

If yes, explain: _____

8) Do you have a conviction for driving under the influence? (Yes/No) _____

If so, when and where? (city, county, state) _____

Were you an adult or juvenile? _____

9) Are you currently on or have you ever been on court-ordered community supervision or
probation for any offense? (Yes/No) _____

If yes, for what? _____

How long were you supervised? _____
Location and Agency? _____

10) Are you now or have you ever been prohibited by state or federal law from possessing any firearms or ammunition?(Yes/No) _____ If yes, when? _____
where? _____
why? _____

11) Have you ever filed or been the subject of a Protective Order? (Yes/No) _____
If yes, explain: (Give dates, locations, parties involved, and agency): _____

12) Have you ever been convicted of any Family violence offense, arrested for a family violence offense, or been listed as a suspect in a police report alleging a family violence offense? (Yes/No) _____
If yes, please explain: (include dates, location, and offense reports) _____

13) Have you ever used, smoked or experimented with marijuana? (Yes/No) _____
If so, how many times? _____
Date First Used? _____ Date Last Used? _____
Locations? _____

14) Have you ever bought, sold or furnished marijuana? (Yes/No) _____
If so, how many times? _____
Dates? _____
Locations? _____

15) Have you ever illegally used any prescription drug, controlled substance, or dangerous drug other than marijuana? (Yes/No) _____
Date First Time Used? _____ Date Last Time Used? _____
Locations? _____

16) Have you ever bought, sold or furnished any controlled substance or dangerous drug other than marijuana? (Yes/No) _____
If so, how many times? _____
Dates? _____
Locations? _____

17) Have you received any traffic convictions (moving and non-moving)? (Yes/No) _____

Please list all violations (moving and non-moving) below:

<i>Date</i>	<i>Location</i>	<i>Law Enforcement Agency</i>	<i>Type of Violation</i>	<i>Disposition</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

18) Have you had a driver's license suspension for driving while intoxicated, failure to carry liability insurance, or for any reason that would indicate poor driving behavior?

(Yes/No) _____

If yes, please explain each occurrence (give dates and locations):

19) Have you had a series of negligent collisions during the five (5) year period preceding the date of this application, whether or not citations were issued? (Yes/No) _____

Please explain each collision (giving dates and times): _____

20) Are you known to habitually associate with those of questionable moral character? (Yes/No)

_____ If yes, then list associates: _____

21) Are you currently or have you ever been a member of an organization which advocates to overthrow the United States government or any governmental entity within the United States by force or violence? (Yes/No) _____

If yes, then identify the organization(s): _____

22) Have you ever applied with the City of Austin or the Austin Police Department in any capacity? (Yes/No) _____ If yes, list the date of application, employer and position applied for, and outcome (ie. Hired, Not Selected, Disqualified, Withdrew) _____

If yes, please explain: _____

What goals and objectives do you wish to attain during this internship program?

The Forensic Science Division performs analysis in the following disciplines. Assignments will be based on the interest of the applicant and internship availability within each section. Please indicate your interest by numbering them with #1 being the priority:

Crime Scene Investigation	_____
Latent Print Analysis	_____
DNA Analysis	_____
Firearm and Toolmark Analysis	_____
Forensic Chemistry Analysis	_____
Multi Media Services	_____

In reference to all inquiries made to me within this Austin Police Department College Internship Program Application, I affirm that all of the disclosed information within this official document was provided by me and all of the information is true and accurate. I also acknowledge by my signature below that any falsification, misrepresentation, or omission of any information may be just cause for the rejection of my application or, if selected, used as a basis for my dismissal from the Austin Police Department in the future.

Signature of Applicant

Date

**Thank you for your interest in the
College Internship Program**